



The Commonwealth of Massachusetts
Executive Office of Public Safety
Department of Fire Services - Office of the State Fire Marshal
P.O. Box 1025, State Road, Stow, MA 01175
APPLICATION FOR PERMIT



Date: _____
C 82 S.40 M.G.L.

Permit # _____

To: Head of Fire Department: SPRINGFIELD

In accordance with the provisions of Chapter 148, M.G.L. as provided in Section 10A this application is made by:

Name: _____
(Full name of person, firm or corporation)

Address: _____
(Street or P.O. Box) (City or Town) (State) (Zip Code)

For Permission to:

State clearly the purpose for which the permit is requested: Install a pre-engineered wet chemical
fire extinguishing system in accordance with 527 CMR: 5.08: (5)

Location: _____
Name of competent operator if applicable: _____ Certificate of competency _____
Date Issued { } Date Rejected { } By: _____
Date of Expiration : _____ Fee Paid { } Fee Due { } Amount: _____
Applicant Signature: _____ Fire Department #: 13281



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State clearly the purpose for which the permit is requested: Install a pre-engineered wet chemical
fire extinguishing system in accordance with 527 CMR: 5.08 (5)

Restrictions: Must comply with all Massachusetts State Laws and Codes, submit final inspection and submit record of completion.

Location: _____
Fee Paid: _____ Date of expiration: _____

Signature and Title of Official Granting Permit:

FIRE MARSHAL

(THIS PERMIT MUST BE CONSPICUOUSLY POSTED UPON THE PREMISES)